

# PLAN FINDER

I WANT TO BE ABLE TO VISIT MY DOCTOR REGULARLY, so a plan with **no deductible** and **fixed copayments** for office visits is best for me. I'm willing to pay a **higher** monthly rate for a plan that offers broad coverage and predictable out-of-pocket costs.

## DEFINITIONS

### Coinsurance

In a deductible plan, this is a percentage of charges you must pay when you receive a prescription or covered service.

### Copayment

This is a fixed dollar amount you pay for certain supplies and services.

### Deductible

In plans with a medical and/or pharmacy deductible, this is the set amount you must pay in a calendar year for certain services or supplies before Kaiser Permanente begins to cover them at the copayment or coinsurance amount.

### Generic and brand

Generic medications are less expensive but chemically identical copies of their *brand-name* equivalents.

### HSA (health savings account)

This is a savings account intended to be used for health care expenses. HSAs have certain tax advantages as well as certain restrictions. Kaiser Permanente does not offer HSAs—they must be set up separately through a financial institution.

### Out-of-pocket maximum

This is the most you would have to pay for certain covered health care services in a calendar year.

### Preventive care

Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).

See "Understanding Health Care Terms," page 8, for more detailed information.

## COPAYMENT PLANS

Moderate monthly rate  
Predictable out-of-pocket costs

Higher monthly rate  
Predictable out-of-pocket costs

**\$50**  
Copayment Plan

- Annual out-of-pocket maximum: \$3,500/individual or \$7,000/family
- No medical deductible
- Office visit: \$50 per visit
- Most lab and X-rays: \$10 per encounter
- Hospital care: \$500 per day
- Emergency services: \$150 per visit
- Prescription drugs:
  - Most prescription drugs not covered

**\$25**  
Copayment Plan

- Annual out-of-pocket maximum: \$2,500/individual or \$5,000/family
- No medical deductible
- Office visit: \$25 per visit
- Most lab and X-rays: \$10 per encounter
- Hospital care: \$200 per day
- Emergency services: \$100 per visit
- Prescription drugs:
  - \$10 generic
  - \$35 brand

# PLAN FINDER

I WANT LOWER MONTHLY RATES AND A FIXED COPAYMENT for preventive care services. I'm willing to have a deductible and pay for most services when I actually need them.

## DEDUCTIBLE PLANS

Lower monthly rate  
Higher out-of-pocket costs

**\$1,500**  
Deductible Plan

- Annual out-of-pocket maximum: \$3,500/individual or \$7,000/family
- Medical calendar-year deductible: \$1,500/individual or \$3,000/family
- Preventive care office visit:<sup>1</sup> \$30 per visit
- Nonpreventive office visit: \$30 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$500 per day after deductible
- Emergency services: \$150 per visit after deductible
- Prescription drugs:
  - \$10 generic
  - \$35 brand

Moderate monthly rate  
Moderate out-of-pocket costs

New!  
**\$1,000**  
Deductible Plan

- Annual out-of-pocket maximum: \$1,500/individual or \$3,000/family
- Medical calendar-year deductible: \$1,000/individual or \$2,000/family
- Preventive care office visit:<sup>1</sup> \$25 per visit
- Nonpreventive office visit: \$25 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$250 per day after deductible
- Emergency services: \$100 per visit after deductible
- Prescription drugs:
  - \$10 generic
  - \$35 brand

Higher monthly rate  
Moderate out-of-pocket costs

**\$500**  
Deductible Plan

- Annual out-of-pocket maximum: \$2,500/individual or \$5,000/family
- Medical calendar-year deductible: \$500/individual or \$1,000/family
- Preventive care office visit:<sup>1</sup> \$20 per visit
- Nonpreventive office visit: \$20 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$100 per day after deductible
- Emergency services: \$100 per visit after deductible
- Prescription drugs:
  - \$10 generic
  - \$35 brand

<sup>1</sup>Preventive care office visits are not subject to the deductible. Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).

# PLAN FINDER

I WANT A PLAN WITH A LOWER MONTHLY RATE that lets me control my costs through a **tax-advantaged** health savings account. I prefer to have a **deductible** and pay for services as I need them. I want access to routine preventive services that only require a copay to help me stay healthy and identify potential health issues early.

## HSA-QUALIFIED PLANS

Lowest monthly premium  
of any of our HSA-qualified plans

No charge for most services  
after satisfying the deductible

Lowest calendar-year deductible  
of any of our HSA-qualified plans

**\$30/\$2,700**

**Deductible Plan  
with HSA**

- Annual out-of-pocket maximum: \$5,250/individual or \$10,500/family
- Medical calendar-year deductible: \$2,700/individual or \$5,450/family
- Preventive care office visit:<sup>1</sup> \$30 per visit
- Nonpreventive office visit: \$30 per visit after deductible
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: 30% coinsurance per admission after deductible
- Emergency services: 30% coinsurance per admission after deductible
- Prescription drugs:
  - \$10 generic after deductible
  - \$30 brand after deductible

**\$0/\$2,700**

**Deductible Plan  
with HSA**

- Annual out-of-pocket maximum: \$2,700/individual or \$5,450/family
- Medical calendar-year deductible: \$2,700/individual or \$5,450/family
- Preventive care office visit:<sup>1</sup> no charge per visit
- Nonpreventive office visit: no charge per visit after deductible
- Most lab and X-rays: no charge per encounter after deductible
- Hospital care: no charge per admission after deductible
- Emergency services: no charge per admission after deductible
- Prescription drugs:
  - no charge for generic after deductible
  - no charge for brand after deductible

**\$0/\$1,500**

**Deductible Plan  
with HSA**

- Annual out-of-pocket maximum: \$1,500/individual or \$3,000/family
- Medical calendar-year deductible: \$1,500/individual or \$3,000/family
- Preventive care office visit:<sup>1</sup> no charge per visit
- Nonpreventive office visit: no charge per visit after deductible
- Most lab and X-rays: no charge per encounter after deductible
- Hospital care: no charge per admission after deductible
- Emergency services: no charge per admission after deductible
- Prescription drugs:
  - no charge for generic after deductible
  - no charge for brand after deductible

<sup>1</sup>Preventive care office visits are not subject to the deductible. Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).